that their vision was distorted—as though they were looking through a dirty windshield or a fish bowl. Based on a short-term evaluation, both studies concluded that the procedure has no permanent risks to the cornea but that it also has nothing to offer a patient.

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Lacrimal Repair

THE PERMANENT PROBLEM of tearing secondary to damage to the lacrimal excretory system is unnecessary because of advances in techniques of surgical repair. Previously, traumatic or congenital disruption of the lacrimal canaliculi was generally considered nonrepairable. Older methods of repair, using a steel rod or a "pigtail probe," often caused considerable discomfort to the patient and damage to fragile tissues.

The use of indwelling soft silicone tubing, as advocated by Quickert, combined with microsurgical direct anastomosis has improved the prognosis for functional healing. These soft tubes are passed through the upper and lower canaliculi, lacrimal sac and lacrimal duct and are fastened where the lacrimal duct exits on the lateral nasal wall. Jones and associates have demonstrated that tears may flow through either the upper or lower canaliculus and, in some persons, the flow may be better through the upper passage. Thus, ophthalmologists now tend to repair a laceration of either canaliculus with the long-term indwelling tubes.

The newer Guibor model is easier to insert because the tubing is swaged onto a metallic probe. The tubes are tolerated for extended periods while a permanent fistula forms and are easily withdrawn from the nose when no longer needed. Often the patient is unaware of tearing while the tube is in place because the tears pass along the outside surface of the silicone tubing. The use of microscopy to locate the vestigial tract or the severed end of the canaliculus and also to facilitate surgical repair has greatly enhanced the success rate.

The silicone tubes are also used in selected cases of chronic tearing which otherwise would need more extensive surgical repair such as a dacryocystorhinostomy. The distinct advantage of the former technique is that the patient does not require a permanent prosthetic device since the silicone tubing is removed when no longer needed.

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Iridology

ALMOST A CENTURY has passed since Ignatz Peczely, an obscure Hungarian physician, enunciated basic principles of physical diagnosis by examination of minute surface topography of the iris. In spite of the manifest absurdity of the conclusions drawn from such examinations, the cult of "oculodiagnosticians" flourished thereafter, particularly in Central Europe. Early in this century, iridiagnosis (later iridology) was introduced in the United States, and it has been with us ever since. It is now primarily, though not exclusively, within the domain of a small but growing group of chiropractors. Magazine articles, television programs and newspaper advertisements have heightened public awareness of the availability of this supposed diagnostic method. An attempt to achieve further respectability for iridology has been made by wrapping it in the mantle of holistic health.

For an iridologist, every organ of the body is represented on an iris chart that is superimposed on a patient's iris like a template before interpretation. Not all iris charts are the same. Practitioners appear free to modify their charts at will. It is disconcerting to realize that one iridologist's scrotum might be another's scapula. Every fleck, spot, color variation, elevation and depression, all real or imagined, is presumed to have diagnostic significance. *Modern* iridology employs an anterior segment camera. An enlarged color photo of the iris is obtained for analysis. The descriptions and interpretations accompanying such photos indicate to this writer that an active imagination is an essential prerequisite for the practice of iridology.

It is not difficult to refute the tenets of this pseudoscience and the diagnostic conclusions it attempts to draw. The iridologist makes no allowances for stabilization of pupillary size, changes that may alter iris topography significantly. Similarly, a diseased iris is not recognized as such. Instead, the abnormal changes are interpreted as bodily disorders. It is unsettling to reflect that, according to iridology's precepts, some cases of